

TO: 919-733-6592

PRINTED: 07/28/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER EVERGREEN LIVING HOME #10		STREET ADDRESS, CITY, STATE, ZIP CODE 236 COUNTRY TIME CIRCLE LEICESTER, NC 28748			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a biennial Survey on July 16, 2015 from 10:15am until 11:30am at the above referenced facility. DHSR records indicate the home was first licensed on December 16, 1996 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	<div style="text-align: center;"> CONSTRUCTION SECTION AUG 12 2015 RECEIVED </div>		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The electrical boxes from the original fire alarm system are uncovered. Have a qualified	C 174			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

CSE221

If continuation sheet 1 of 2

Division of Health Service Regulation

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C 174	Continued From page 1 technician cover all open electrical boxes. Provide documentation to the DHSR Construction section when all work is complete. 2. The fan in the left bathroom is clogged with debris. Clean the ventilation fan. Provide documentation to the DHSR Construction section when all work is complete. 3. There are appliances and rubbish stored outside of the facility. Remove all rubbish and properly dispose of all non working appliances. Provide documentation to the DHSR Construction section when all work is complete. 4. The handgrips on the toilet in the left bathroom are broken. Have a qualified technician repair or replace the broken handgrips. Provide documentation to the DHSR Construction section when all work is complete. 5. There is vegetation growing in the gutters. Remove all vegetation from the gutters and clean all gutters. Provide documentation to the DHSR Construction section when all work is complete.	C 174	Covered all original Fire Alarm System Box Cleaned the Ventilation fan. Removed all Rubbish & properly dispose of all non working appliances. Replaced broken hand - grips. Removed all vegetation & cleaned all gutters	8/13/15 8/10/15 8/10/15 8/13/15 8/10/15	